PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 9-782953												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS						RAT	E	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		10 minus 20=		. 8		X\$:	}=	729	OR	X\$18=		
INDEPENDENT C	\		15		X40	-	600	OR	X80=			
MULTIPLE DEPE	NDENT CLAIM P	RESENT								+270=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2								1684	OR OR	TOTAL		
CLAIMS AS AMENDED - PART II							*L	08 4	JOH	OTHER	THAN	
01-31-09	(Column 2) (Column			(Column 3)	SMA	LL E	NTITY	OR	SMALL			
Total Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	. 4	Minus	. 10	1	- /	X\$ 9	=		OR	X\$18=		
Independent	FATATION OF M	Minus		<u>න</u>	- /	X40	= [OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	+270=	÷	
							IAL			YOYAL		
	ADDIT, F	'EE L		,	ADDIT. FEE							
Total	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	•	Minus	••		-	X\$ 9	.		OR	X\$18±		
independent	•	Minus	***		-	X40:			OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+2,70=		
•			•			TOT ADDIT, F			OB L	TOTAL DOIT, FEE		
	AUUII. F	cc L			WUII. PEE							
Total Independent	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	•	Minus	**			X\$ 9=			OR	X\$18=	;	
Independent	•	Minus	•••		•	X40=	_		ŀ	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in colu	mn 1 is loss than th	e entry in colum	nn 2 write	10° in cod	hemn 3	+135:			OR	+270=		
* if the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** ADDIT. FEE									OR A	TOTAL DDIT, FEE		
	nber Previously Paid					found in the	eppn	opriate box	in calı	ımn 1.		

FORM PTO-875 (Flev. 8/00)

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